

The Commonwealth of Massachusetts

**TOWN OF UXBRIDGE**

**FINANCIAL HARDSHIP - SENIOR -- CLAUSE 57 EXEMPTION  
FISCAL YEAR \_\_\_\_\_ APPLICATION**

**General Laws Chapter 59, § 5**

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION (See General Laws Chapter 59, § 60)

Empty box for stamp or signature.

**Return to:**  
**Board of Assessors**  
**Town of Uxbridge**  
**21 S Main Street**  
**Uxbridge MA 01569**  
Must be filed with assessors on or before April 1st.

**INSTRUCTIONS:** Complete all sections that apply. Please provide a copy of your Income Tax Return. Please print or type.

**A. IDENTIFICATION:** Complete this section fully.

Name of Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Legal Residence (Domicile) on July 1<sup>st</sup>, \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_

No. Street City/Town Zip Code

Location of Property: \_\_\_\_\_ # of Dwelling Units 1 2 3  4  Other \_\_\_\_\_

Did you own the property on July 1, \_\_\_\_\_? Yes  No

If yes, were you Sole Owner  Co-owner with Spouse  Co-owner with Others

Was the property subject to a trust as of July 1, \_\_\_\_\_? Yes  No

If yes, please attach trust instrument including all schedules.

Have you been granted any exemption in any other city or town (MA or other) for this year? Yes  No

If yes, name of city or town \_\_\_\_\_ Amount exempted \$ \_\_\_\_\_

**DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)**

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	ASSESSED TAX \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	EXEMPTED TAX \$ _____
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	ADJUSTED TAX \$ _____
Income <input type="checkbox"/>		
Assets <input type="checkbox"/>		
<b>BOARD OF ASSESSORS</b>		
Date voted/Deem Denied _____	_____	_____
Certificate # _____	_____	_____
Date Certified/Notice Sent _____	_____	_____
Exemption: <u>CLAUSE 57</u>	DATE: _____	

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES.